

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF OREGON

In re: )  
 ) Case No: \_\_\_\_\_  
 )  
 ) APPLICATION FOR SPECIAL  
Debtor(s) \_\_\_\_\_ ) ADMISSION *PRO HAC VICE*,  
 ) **AND ORDER THEREON**  
 )  
 ) Adv. Proc. No. (if applicable): \_\_\_\_\_  
 )  
 )  
Plaintiff(s) )  
 )  
 ) v. )  
 )  
 )  
 )  
 )  
Defendant(s) \_\_\_\_\_ )

The undersigned, attorney for the following named party(s): \_\_\_\_\_  
\_\_\_\_\_, moves for admission of the following attorney *pro hac vice*:

**(a) APPLICANT ATTORNEY INFORMATION**

**(1) Personal Data:**

- (A) Attorney's Name:
- (B) Firm or Business Affiliation:
- (C) Mailing Address:
- (D) Business Telephone Number:
- (E) Fax Telephone Number:
- (F) E-Mail Address:

(2) **Bar Admissions Information:** I certify that I am now a member in good standing of the following State and/or Federal Bar Association:

(A) State Bar Admissions, Standing, Admissions Date and BAR ID Number:

(B) Federal Bar Admissions, Standing, Admissions Date and BAR ID Number:

(3) **Certification of Disciplinary Proceedings:**

I certify that I am not now, nor have I ever been subject to any disciplinary action by any State or Federal bar association or administrative agency.

I certify that I am now, or have been subject to disciplinary action from a State or Federal bar association or administrative agency (see attached letter of explanation).

(4) **Certification of Professional Liability Insurance:** I certify that I have a current professional liability insurance policy that will apply in this case, and that the policy will remain in effect during the course of these proceedings.

(b) **CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:** I certify that:

(1) I am a member in good standing of the Bar of this court, and that I will serve as designated local counsel in this particular case.

(2) I have verified the information supplied by the applicant in pt. (a)(2).

(3) **Local Counsel's Personal Data:**

(A) Name and Oregon State Bar ID Number:

(B) Firm or Business Affiliation:

(C) Mailing Address:

(D) Business Telephone Number:

(E) Fax Telephone Number:

(F) E-Mail Address:

(4) **Meaningful Participation Requirements:** I certify that I have discussed the participation requirements of LR 83.3 with my associate counsel.

(c) **SIGNATURES OF COUNSEL**

\_\_\_\_\_  
Local Counsel

NAME:

ADDRESS:

PHONE:

\_\_\_\_\_  
Special Admissions Applicant

NAME:

ADDRESS:

PHONE: